

# BUDGET & PERSONNEL COMMITTEE MEETING

## A G E N D A

TOWN OF CHINCOTEAGUE

November 21, 2006 - 5:30 P.M. – Council Chambers – Municipal Center

CALL TO ORDER

PUBLIC PARTICIPATION

AGENDA ADOPTION

- 
- |    |  |         |
|----|--|---------|
| 1. | Presentation on Health Insurance Plans for Employees | Page 2  |
| 2. | Employee Christmas Gifts                             | Page 13 |
| 3. | Consider New Position Descriptions                   |         |
|    | • Technology Specialist                              | Page 14 |
|    | • Water Works Development Specialist                 | Page 17 |

COMMITTEE COMMENTS

ADJOURN

# Memo

To: BUDGET & PERSONNEL COMMITTEE

VIA: ROBERT G. RITTER, JR.

From: CAROLE HAMMONDS

Date: November 20, 2006

Re: HEALTH INSURANCE QUOTES

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Mr. Ritter,

My recommendation on Health Insurance is as follows:

## The Local Choice Health Benefits Program:

- This is administered through the Commonwealth of Virginia, Department of Human Resource Management.
- This is an Anthem PPO Network and our current Healthcare Providers are available.
- Premiums/rates are regulated under VA State Guidelines and new rates will not be available until February 2007. The Plan Administrator has promised a general quote for us by December 2006.

## Professional Benefits Solutions:

- This is an Independent Employee Benefits Planning Firm.
- ProBen offers us the ability to stay with United Healthcare/Mamsi at 6% increase at this time, but these rates cannot be guaranteed until our renewal.
- They also have benefits available through Anthem Healthcare and a quote is attached. Once again, these quotes cannot be guaranteed until our renewal.
- A quote for Aetna is included, but should not be considered due to limited Provider availability.

As you can see, there are a few options available to the Town of Chincoteague outside of VACO. I would recommend at this time that we take a look at the Local Choice Health Benefits Program in the future and re-visit Health Insurance options again in the near future.

Attachments: Professional Benefits Quotes – 3 pages

The Local Choice Comparison of Statewide Plans – 7 pages

# QUOTES FROM PROFESSIONAL BENEFITS SOLUTIONS

**ILLUSTRATIVE**

**MAMSI - UNITED HEALTHCARE FINANCIAL EXHIBITS - MEDICAL**

**Town of Chincoteague - UHC**

Effective Date: January 01, 2007

**ILLUSTRATIVE**

**ILLUSTRATIVE**

	Option # 1 Alternate Plan	Option # 2 Alternate Plan	Option # 3 Alternate Plan	Option # 4 Alternate Plan
<b>PLAN OFFERED</b>	POS	POS	POS	POS
Overture Package Name	N/A	N/A	N/A	N/A
Plan Name (Internal Use)	JJB	JJB	JJC	JJC
Overture Plan	N/A	N/A	N/A	N/A
Product	Choice Plus *	Choice Plus *	Choice Plus *	Choice Plus *
Locations	National Ch+	National Ch+ Retirees	National Ch+	National Ch+ Retirees
Plan Offering	Single Option	Single Option	Single Option	Single Option
Multiple Option with: HRA or HSA	No	Option(s) Retirees Only No	No	Option(s) Retirees Only No
<b>RATES</b>				
Employee	\$440.83	\$367.76	\$438.73	\$366.01
Employee + 1	\$837.56	\$821.99	\$833.57	\$818.08
Employee + Family	\$1,336.03	\$1,311.19	\$1,329.67	\$1,304.95
<b>ASSUMED ENROLLMENT</b>				
Employee	20	7	20	7
Employee + 1	14	0	14	0
Employee + Family	2	0	2	0
<b>Monthly Premium</b>	<b>\$23,214</b>	<b>\$2,574</b>	<b>\$23,104</b>	<b>\$2,562</b>
<b>Annual Premium</b>	<b>\$278,574</b>	<b>\$30,892</b>	<b>\$277,248</b>	<b>\$30,745</b>
<b>Change from Current</b>	<b>16.2%</b>	<b>19.5%</b>	<b>15.7%</b>	<b>18.9%</b>
<b>BENEFITS*</b>				
<b>In-Network:</b>				
Office Copay (PCP/SPC)	\$15/25 Per Visit	\$15/25 Per Visit	\$20/30 Per Visit	\$20/30 Per Visit
Other Copays (IP/ER/UC)	\$300/\$100/\$50	\$300/\$100/\$50	N/A/\$100/\$50	N/A/\$100/\$50
Deductible (Individual/Family)	N/A	N/A	N/A	N/A
Coinsurance	100%	100%	100%	100%
Out-of-Pocket (Individual/Family)	\$2,000/4,000	\$2,000/4,000	NA	NA
Pharmacy	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50
<b>Out of Network:</b>				
Deductible	\$300/900	\$300/900	\$500/1,500	\$500/1,500
Coinsurance	80%	80%	80%	80%
Out of Pocket	\$2,500/5,000	\$2,500/5,000	\$4,500/9,000	\$4,500/9,000

# QUOTES FROM PROFESSIONAL BENEFITS SOLUTIONS

ILLUSTRATIVE

UNITED HEALTHCARE FINANCIAL EXHIBITS - MEDICAL

Town of Chincoteague - Optimum Choice, Inc.

Effective Date: January 01, 2007

## CURRENT PLAN WITH INCREASE OF 6%

ILLUSTRATIVE

ILLUSTRATIVE

	Option #1 Current Plan	Option #2 Current Plan	Option #3 Current Plan	Option #4 Current Plan-Medicare Carve Out	Option #5 Current Plan
<b>PLAN OFFERED</b>	<b>HMO</b>	<b>HMO</b>	<b>POS</b>	<b>HMO</b>	<b>POS</b>
Overture Package Name	N/A	N/A	N/A	N/A	N/A
Plan Name	VA042DI	VA04TE0	VA042DI*dm	VA043BP	VA042DI*dm
Overture Plan	N/A	N/A	N/A	N/A	N/A
Product	OCI HMO	OCI HMO	OCI POS	OCI HMO	OCI POS
Locations	VA-OCI HMO	VA-OCI HMO	VA-OCI POS	<b>VA-OCI HMO Retirees</b>	VA-OCI POS Retirees
Plan Offering	Triple Option	Triple Option	Triple Option	Dual Option	Dual Option
Multiple Option with:	Option(s) II & III	Option(s) I & III	Option(s) I & II	Option(s) V	Option(s) IV
HRA or HSA	No	No	No	No	No
<b>RATES</b>					
Employee	\$404.07	\$365.82	\$490.67	\$326.27	\$429.52
Employee + 1	\$767.72	\$695.02	\$932.32	\$729.26	\$932.32
Employee + Family	\$1,224.62	\$1,108.66	\$1,509.40	\$1,163.27	\$1,509.40
<b>ASSUMED ENROLLMENT</b>					
Employee	19	1	0	7	0
Employee + 1	13	1	0	0	0
Employee + Family	2	0	0	0	0
<b>Monthly Premium</b>	<b>\$20,107</b>	<b>\$1,061</b>	<b>\$0</b>	<b>\$2,284</b>	<b>\$0</b>
<b>Annual Premium</b>	<b>\$241,283</b>	<b>\$12,730</b>	<b>\$0</b>	<b>\$27,407</b>	<b>\$0</b>
<b>Change from Current</b>	<b>6.0%</b>	<b>6.0%</b>	<b>6.0%</b>	<b>6.0%</b>	<b>6.0%</b>
<b>BENEFITS*</b>					
<b>In-Network:</b>					
Office Copay (PCP/SPC)	\$15/25 Per Visit	\$20/30 Per Visit	\$15/25 Per Visit	\$20/30 Per Visit	\$15/25 Per Visit
Other Copays (IP/ER/UC)	\$300 per admit/\$50/\$25	\$200 per day up to \$1,000/\$100/\$30	\$300 per admit/\$50/\$25	\$200 per day up to \$1,000/\$100/\$30	\$300 per admit/\$50/\$25
Deductible (Individual/Family)	0	\$500/1,000	0	0	0
Coinsurance	100%	100%	100%	100%	100%
<b>Out-of-Pocket (Individual/Family)</b>	<b>1000</b>	<b>1800</b>	<b>1200</b>	<b>1100</b>	<b>1200</b>
Pharmacy	\$10/\$30/\$50 - ancillary applies	\$10/\$30/\$50 - ancillary applies	\$10/\$30/\$50 - ancillary applies	\$10/\$30/\$50 - ancillary applies	\$10/\$30/\$50 - ancillary applies
<b>Out of Network:</b>					
Deductible	N/A	N/A	\$300/600	N/A	\$300/600
Coinsurance	N/A	N/A	80%	N/A	80%
Out of Pocket	N/A	N/A	1200	N/A	1200

Prepared For:

**Town of Chincoteague, VA - GENERAL QUOTE - ANTHEM**

Effective Date: 12/01/2006

Zip Code: 23336



		<b>Current</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
		Mamsi	Aetna	Anthem	Anthem
		HMO - In Network Only	PPO	HMO	PPO
<b>I. Medical/RX Benefits</b>		<b>Referrals Required</b>	<b>No Referrals</b>	<b>Referrals Required</b>	<b>No Referrals</b>
		Benefit Summary	Benefit Summary	Benefit Summary	Benefit Summary
Deductible (In Network/Out of Network)		None	None/\$300	None	None/\$400
Coinsurance (In Network/Out of Network)		100%	100%/70%	100%	100%/80%
<b>Out of Pocket</b>		<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$4,000</b>
<b>In Network</b>					
RX (Generic/Brand Formulary/Non Formulary)		\$10/\$30/\$50	\$10/\$30/\$45	\$10/\$20/\$35	\$10/\$20/\$35
Office Visits (Primary/Specialist)		\$15/\$25	\$10/\$20	\$10/\$20	\$15/\$30
<b>II. Medical/RX Rates</b>					
Employee Only	22	\$381.20	\$563.00	\$339.05	\$438.29
Employee + Spouse	11	\$724.26	\$1,204.00	\$759.47	\$978.77
Employee + Child	1	\$724.26	\$912.00	\$461.11	\$595.20
Employee + Children	0	\$1,155.30	\$912.00	\$671.31	\$865.44
Employee + Family	2	\$1,155.30	\$1,534.00	\$1,027.31	\$1,323.10
<b>Medical Total Monthly Premium</b>	36	\$19,388.00	\$29,610.00	\$18,329.00	\$23,650.25



# Comparison of Statewide Plans 2006

*Effective July 1, 2006 or October 1, 2006*

# The Local Choice 2006 Comparison of Statewide Plans

	Key Advantage Expanded			Key Advantage 200		
<b>Plan year deductible</b> (Key Advantage: applies to certain medical services as indicated on chart)  (HDHP: applies to medical, behavioral health, and prescription drug services)	<u>One Person</u> \$100	<u>Two People</u> \$200	<u>Family</u> \$300	<b>In-Network:</b> <u>One Person</u> \$200	<u>Two People</u> \$400	<u>Family</u> \$600
				<b>Out-of-Network:</b> \$400	\$800	\$1,200
<b>Out-of-pocket expense limit</b>	<u>One Person</u> \$1,000	<u>Two People</u> \$2,000	<u>Family</u> \$3,000	<b>In-Network:</b> <u>One Person</u> \$1,500	<u>Two People</u> \$3,000	<u>Family</u> \$4,500
				<b>Out-of-Network:</b> \$3,000	\$6,000	\$9,000
<b>Out-of-network benefits</b>	Yes. Plan's payment reduced by 25% for covered medical and behavioral health services.			Yes. Once you meet the out-of-network deductible, you pay 20% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services.		
<b>BlueCard® PPO and BlueCard Worldwide®</b>	Included			Included		
<b>Lifetime maximum</b>	None			None		
<b>Covered Services</b>	<b>In-Network You Pay</b>			<b>In-Network You Pay</b>		
<b>Ambulance travel</b>	20% coinsurance after deductible			20% coinsurance after deductible		
<b>Behavioral health and EAP</b> <i>Inpatient treatment</i> • Facility services • Professional provider services  <i>Outpatient professional provider visits</i>	\$200 copayment per stay \$0 \$15 copayment			\$300 copayment per stay \$0 \$20 copayment		
<b>Employee Assistance Program (EAP)</b> (up to 4 visits per incident)	\$0			\$0		
<b>Dental</b> <i>Dental plan year deductible</i> <i>Plan year maximum (except Orthodontics)</i> <i>Diagnostic and preventive services</i> <i>Primary services</i> <i>Complex restorative</i> <i>Orthodontic services</i>	<u>One Person</u> \$25 \$1,500 \$0, no deductible 20% coinsurance after dental deductible 50% coinsurance after dental deductible 50% coinsurance after dental deductible, with \$1,500 lifetime maximum	<u>Two People</u> \$50 \$50 \$50 50% coinsurance after dental deductible 50% coinsurance after dental deductible, with \$1,500 lifetime maximum	<u>Family</u> \$75 \$75 \$75 50% coinsurance after dental deductible 50% coinsurance after dental deductible, with \$1,500 lifetime maximum	<u>One Person</u> \$25 \$1,200 \$0, no deductible 20% coinsurance after dental deductible 50% coinsurance after dental deductible 50% coinsurance after dental deductible, with \$1,200 lifetime maximum	<u>Two People</u> \$50 \$50 \$50 50% coinsurance after dental deductible 50% coinsurance after dental deductible, with \$1,200 lifetime maximum	<u>Family</u> \$75 \$75 \$75 50% coinsurance after dental deductible 50% coinsurance after dental deductible, with \$1,200 lifetime maximum
<b>Diagnostic tests, and x-rays</b> (for specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department)	10% coinsurance, no deductible			10% coinsurance after deductible		
<b>Doctor visits – on an outpatient basis</b> <i>Primary care physicians</i> <i>Specialty care providers</i>	\$15 copayment \$25 copayment			\$20 copayment \$35 copayment		
<b>Emergency room visits</b> <i>Facility services</i> <i>Professional provider services -</i> • Primary care physicians • Specialty care providers <i>Diagnostic tests, and x-rays</i>	\$75 copayment per visit (waived if admitted) \$15 copayment \$25 copayment 10% coinsurance, no deductible			\$100 copayment per visit (waived if admitted) \$20 copayment \$35 copayment 10% coinsurance after deductible		
<b>Home health services</b> (90 visit plan year limit)	\$0			\$0		
<b>Home private duty nurse's services</b>	20% coinsurance after deductible			20% coinsurance after deductible		

Key Advantage 300			Key Advantage 500			High Deductible Health Plan		
<b>In-Network:</b>			<b>In-Network:</b>					
<u>One Person</u>	<u>Two People</u>	<u>Family</u>	<u>One Person</u>	<u>Two People</u>	<u>Family</u>	<u>One Person</u>	<u>Two People</u>	<u>Family</u>
\$300	\$600	\$900	\$500	\$1,000	\$1,500	\$1,200	See Family	\$2,400
<b>Out-of-Network:</b>			<b>Out-of-Network:</b>					
\$600	\$1,200	\$1,800	\$1,000	\$2,000	\$3,000			
<b>In-Network:</b>			<b>In-Network:</b>					
<u>One Person</u>	<u>Two People</u>	<u>Family</u>	<u>One Person</u>	<u>Two People</u>	<u>Family</u>	<u>One Person</u>	<u>Two People</u>	<u>Family</u>
\$2,500	\$5,000	\$7,500	\$3,000	\$6,000	\$9,000	\$5,000	See Family	\$10,000
<b>Out-of-Network:</b>			<b>Out-of-Network:</b>					
\$5,000	\$10,000	\$15,000	\$6,000	\$12,000	\$18,000			
Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services.			Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services.			No coverage, except in emergency.		
Included			Included			Included		
None			None			None		
In-Network You Pay			In-Network You Pay			In-Network You Pay		
20% coinsurance after deductible			20% coinsurance after deductible			20% coinsurance after deductible		
20% coinsurance per stay after deductible			20% coinsurance per stay after deductible			20% coinsurance after deductible		
\$0			\$0			20% coinsurance after deductible		
\$25 copayment			\$25 copayment			20% coinsurance after deductible		
\$0			\$0			\$0		
<u>One Person</u>	<u>Two People</u>	<u>Family</u>	<u>One Person</u>	<u>Two People</u>	<u>Family</u>	<u>One Person</u>	<u>Two People</u>	<u>Family</u>
\$25	\$50	\$75	\$25	\$50	\$75	\$25	\$50	\$75
\$1,200			\$1,200			\$1,500		
\$0, no deductible			\$0, no deductible			\$0, no deductible		
20% coinsurance after dental deductible			20% coinsurance after dental deductible			20% coinsurance after dental deductible		
50% coinsurance after dental deductible			50% coinsurance after dental deductible			50% coinsurance after dental deductible		
50% coinsurance after dental deductible, with \$1,200 lifetime maximum			50% coinsurance after dental deductible, with \$1,200 lifetime maximum			50% coinsurance after dental deductible, with \$1,500 lifetime maximum		
20% coinsurance after deductible			20% coinsurance after deductible			20% coinsurance after deductible		
\$25 copayment			\$25 copayment			20% coinsurance after deductible		
\$40 copayment			\$40 copayment			20% coinsurance after deductible		
20% coinsurance after deductible			20% coinsurance after deductible			20% coinsurance after deductible		
\$25 copayment			\$25 copayment			20% coinsurance after deductible		
\$40 copayment			\$40 copayment			20% coinsurance after deductible		
20% coinsurance after deductible			20% coinsurance after deductible			20% coinsurance after deductible		
\$0			\$0			20% coinsurance after deductible		
20% coinsurance after deductible			20% coinsurance after deductible			20% coinsurance after deductible		



<b>Covered Services</b>	<b>Key Advantage Expanded In-Network You Pay</b>	<b>Key Advantage 200 In-Network You Pay</b>
<b>Hospice care services</b>	\$0	\$0
<b>Hospital services</b>		
<i>Inpatient treatment:</i>		
• Facility services	\$200 copayment per stay	\$300 copayment per stay
• Professional provider services -		
• Primary care physicians	\$0	\$0
• Specialty care providers	\$0	\$0
<i>Outpatient treatment</i>		
• Facility services	\$75 copayment	\$100 copayment
• Professional provider services -		
• Primary care physicians	\$15 copayment	\$20 copayment
• Specialty care providers	\$25 copayment	\$35 copayment
• Diagnostic tests, and x-rays	10% coinsurance, no deductible	10% coinsurance after deductible
<b>Infusion services</b>		
<i>Facility services</i>	\$0	\$0
<i>Professional provider services</i>	\$0	\$0
<i>Home services</i>	\$0	\$0
<i>Infusion medications -</i>		
• Outpatient settings	\$0	\$0
• Home settings	\$0	\$0
<b>Maternity</b>		
<i>Professional provider services (prenatal &amp; postnatal care)</i>		
• Primary care physicians	\$15 copayment	\$20 copayment
• Specialty care providers	\$25 copayment	\$35 copayment
	If your doctor submits one bill for delivery, prenatal and postnatal care services, there is no copayment required for physician care. If your doctor bills for these services separately, your payment responsibility will be determined by the services received.	
<i>Delivery -</i>		
• Primary care physicians	\$0	\$0
• Specialty care providers	\$0	\$0
<i>Hospital services for delivery (delivery room, anesthesia, routine nursing care for newborn)</i>	\$200 copayment per stay	\$300 copayment per stay
<i>Outpatient diagnostic tests</i>	10% coinsurance, no deductible	10% coinsurance after deductible
<b>Medical equipment, appliances, formulas and supplies</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Outpatient prescription drugs - mandatory generic</b>		
<i>Retail up to 34-day supply*</i>	Tier 1 – \$15 copayment	Tier 1 – \$15 copayment
	Tier 2 – \$20 copayment	Tier 2 – \$20 copayment
	Tier 3 – \$35 copayment	Tier 3 – \$35 copayment
*You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments, or the coinsurance after the deductible		
<i>Mail Service up to 90-day supply</i>	Tier 1 – \$30 copayment	Tier 1 – \$30 copayment
	Tier 2 – \$40 copayment	Tier 2 – \$40 copayment
	Tier 3 – \$70 copayment	Tier 3 – \$70 copayment
<b>Routine vision</b> (once every 24 months)		
<i>Routine eye exam</i>	\$25 copayment	Not covered
<i>Eyeglass frames (one pair)</i>	Remaining cost after Plan pays \$75	Not covered
<i>Eyeglass lenses (one pair)</i>		
• Single vision lenses	Remaining cost after Plan pays \$50	Not covered
• Bifocal lenses	Remaining cost after Plan pays \$75	Not covered
• Trifocal lenses	Remaining cost after Plan pays \$100	Not covered
OR		
<i>Contact lenses (any type)</i>	Remaining cost after Plan pays \$100	Not covered

Key Advantage 300 In-Network You Pay	Key Advantage 500 In-Network You Pay	High Deductible Health Plan In-Network You Pay
\$0	\$0	20% coinsurance after deductible
20% coinsurance per stay after deductible	20% coinsurance per stay after deductible	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$25 copayment	\$25 copayment	20% coinsurance after deductible
\$40 copayment	\$40 copayment	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
\$25 copayment	\$25 copayment	20% coinsurance after deductible
\$40 copayment	\$40 copayment	20% coinsurance after deductible
If your doctor submits one bill for delivery, prenatal and postnatal care services, there is no copayment required for physician care. If your doctor bills for these services separately, your payment responsibility will be determined by the services received.		
\$0	\$0	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
20% coinsurance per stay after deductible	20% coinsurance per stay after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Tier 1 – \$15 copayment	Tier 1 – \$15 copayment	20% coinsurance after deductible
Tier 2 – \$20 copayment	Tier 2 – \$20 copayment	
Tier 3 – \$35 copayment	Tier 3 – \$35 copayment	
Tier 1 – \$30 copayment	Tier 1 – \$30 copayment	20% coinsurance after deductible
Tier 2 – \$40 copayment	Tier 2 – \$40 copayment	
Tier 3 – \$70 copayment	Tier 3 – \$70 copayment	
Not covered	Not covered	Not covered
Not covered	Not covered	Not covered
Not covered	Not covered	Not covered
Not covered	Not covered	Not covered
Not covered	Not covered	Not covered
Not covered	Not covered	Not covered

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 200 In-Network You Pay
<b>Shots – allergy &amp; therapeutic injections</b> (at doctor's office, emergency room or outpatient hospital department)	10% coinsurance, no deductible	10% coinsurance after deductible
<b>Skilled nursing facility stays</b> (180-day per stay limit) <i>Facility services</i>	\$0	\$0
<i>Professional provider services</i>	\$0	\$0
<b>Spinal manipulations and other manual medical interventions</b> (\$500 plan year limit) <i>Primary care physicians</i> <i>Specialty care providers</i>	\$15 copayment \$25 copayment	\$20 copayment \$35 copayment
<b>Surgery – see Hospital services</b>		
<b>Therapy services</b> <i>Cardiac rehabilitation therapy, chemotherapy, radiation therapy, and respiratory therapy</i> <ul style="list-style-type: none"> <li>• Facility services</li> <li>• Hospital services</li> <li>• Professional provider services</li> </ul>	\$0 \$0 \$0	\$0 \$0 \$0
<i>Occupational therapy visits, physical therapy visits, and speech therapy visits</i> <ul style="list-style-type: none"> <li>• Hospital services</li> <li>• Professional provider services               <ul style="list-style-type: none"> <li>• Primary care physicians</li> <li>• Specialty care providers</li> </ul> </li> </ul>	\$25 copayment \$15 copayment \$25 copayment	\$35 copayment \$20 copayment \$35 copayment
<b>Wellness services</b> <i>Well child (office visits at specified intervals through age 6)</i> <ul style="list-style-type: none"> <li>• Primary care physicians</li> <li>• Specialty care providers</li> <li>• Immunizations and screening tests</li> </ul>	\$15 copayment \$25 copayment 10% coinsurance, no deductible	\$20 copayment \$35 copayment 10% coinsurance, no deductible
<i>Routine wellness – age 7 &amp; older</i> <ul style="list-style-type: none"> <li>• Annual check-up visit</li> <li>• Primary care physicians</li> <li>• Specialty care providers</li> <li>• Immunizations, lab and x-ray services*</li> </ul>	\$15 \$25 10% coinsurance, no deductible * Your health plan pays 90% coinsurance up to \$200 per plan year for routine immunizations, lab and x-ray services	\$20 copayment \$35 copayment 10% coinsurance, no deductible * Your health plan pays 90% coinsurance up to \$200 per plan year for routine immunizations, lab and x-ray services
<i>Preventive care</i> <ul style="list-style-type: none"> <li>• Gynecological exam               <ul style="list-style-type: none"> <li>• Primary care physicians</li> <li>• Specialty care providers</li> </ul> </li> <li>• Pap test</li> <li>• Mammography screening – age 35 or older</li> <li>• Prostate exam (digital rectal exam) – age 40 or older               <ul style="list-style-type: none"> <li>• Primary care physicians</li> <li>• Specialty care providers</li> </ul> </li> <li>• Prostate specific antigen test – age 40 or older</li> <li>• Colorectal cancer screenings – age 40 or older</li> </ul>	one of each per plan year \$15 copayment \$25 copayment 10% coinsurance, no deductible 10% coinsurance, no deductible \$15 copayment \$25 copayment 10% coinsurance, no deductible 10% coinsurance, no deductible	one of each per plan year \$20 copayment \$35 copayment 10% coinsurance, no deductible 10% coinsurance, no deductible \$20 copayment \$35 copayment 10% coinsurance, no deductible 10% coinsurance, no deductible

Key Advantage 300 In-Network You Pay	Key Advantage 500 In-Network You Pay	High Deductible Health Plan In-Network You Pay
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
\$25 copayment \$40 copayment	\$25 copayment \$40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
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\$40 copayment	\$40 copayment	20% coinsurance after deductible
\$25 copayment \$40 copayment	\$25 copayment \$40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
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\$25 copayment \$40 copayment 20% coinsurance, no deductible * Your health plan pays 80% coinsurance up to \$200 per plan year for routine immunizations, lab and x-ray services	\$25 copayment \$40 copayment 20% coinsurance, no deductible * Your health plan pays 80% coinsurance up to \$200 per plan year for routine immunizations, lab and x-ray services	\$0, no deductible \$0, no deductible \$0, no deductible
one of each per plan year	one of each per plan year	one of each per calendar year
\$25 copayment \$40 copayment 20% coinsurance, no deductible 20% coinsurance, no deductible	\$25 copayment \$40 copayment 20% coinsurance, no deductible 20% coinsurance, no deductible	\$0, no deductible \$0, no deductible \$0, no deductible \$0, no deductible
\$25 copayment \$40 copayment 20% coinsurance, no deductible	\$25 copayment \$40 copayment 20% coinsurance, no deductible	\$0, no deductible \$0, no deductible \$0, no deductible
20% coinsurance, no deductible	20% coinsurance, no deductible	\$0, no deductible

## MEMORANDUM

TO: Budget and Personnel Committee

FROM: Robert G. Ritter, Jr., Town Manager

DATE: November 16, 2006

SUBJECT: Employee Christmas Gifts

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Each year the Town has provided employees with a monetary Christmas gift. It is recommended that fulltime employees currently on payroll be given \$100 and part-time employees currently on payroll be given \$50. This gift is budgeted in each department's salaries line item.

If it is the Committee's desire a motion should be "to recommend to Council that each fulltime Town employee be given a \$100 Christmas gift and each part-time Town employee be given a \$50 Christmas gift."

## MEMORANDUM

TO: Budget and Personnel Committee

FROM: Robert G. Ritter, Jr., Town Manager

DATE: November 16, 2006

SUBJECT: Information Technology Specialist

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Attached is a position description for a new position in General Government for an Information Technology Specialist. Currently, the Town hires a contractor to support our computer hardware, server and website maintenance. There is an increasing amount of work to be performed by this contractor to maintain the servers for the Police Department, Town Office and the website. Assistance is also needed to maintain our GIS system. In addition, the Town will be upgrading our software shortly and we will need to assign administrator duties to someone with an already full workload. These duties could be assigned to the Information Technology Specialist.

With your recommendation and Council's approval this position would be funded from the General Government current salary level and \$10,000 from Police Department salaries. The wage classification for this position would be Grade 15-16 with a starting salary of \$26811.20.

If it is the Committee's desire a motion could be made "to recommend the Information Technology Specialist position to Council."

## **TECHNOLOGY SPECIALIST**

Exempt (Grade 15)

### **GENERAL DEFINITION AND CONDITIONS OF WORK:**

Incumbent performs technical support duties in the operation of the Town's computer systems/services including the Local Area Network (LAN) and Intranet. Troubleshoots and diagnoses system failures to isolate the source of the problem between equipment, system software and applications. Installs and tests equipment and their associated peripheral devices. Performs installation diagnostics, provides technical advice, and provides support for standard software programs. Installs and tests package software and utilities. Serves as the Network Administrator and manages the LAN system. Determines placement of, configures network cabling, troubleshoots and maintains servers, hubs, routers, and switches. Serves as Webmaster by developing and maintaining the Town's website. No major technical changes, instrument purchases, or upgrades should be conducted before consulting with the Technology Specialist. Work is performed under the general supervision of the Town Manager.

### **ESSENTIAL FUNCTIONS/TYPICAL TASKS:**

- Security – plan, develop, implement, and maintain programs, policies, and procedures to protect the integrity and confidentiality of systems, networks, and data.
- Backup - Maintain backup system for all data on the Town's computer systems.
- Systems Analysis – consult with staff to refine functional requirements and translate functional requirements into technical specifications.
- Applications Software – translate technical specifications into programming specifications; develop, customize, or acquire applications software programs; and test, debug, and maintain software programs.
- Operating Systems – install, configure, and maintain the operating systems environment including system servers and operating system software on which application programs run.
- Network Services – test, install, configure, and maintain networks including hardware (servers, hubs, bridges, switches, and routers) and software that permit the sharing and transmission of information.
- Internet – provide services that permit the publication and transmission of information about agency programs to internal and external audiences using the Internet.
- Systems Administration – install, configure, troubleshoot, and maintain hardware and software to ensure the availability and functionality of systems.
- Server Administration - Maintain all servers, including the Town Office Server, Police Department Server, Web Server/Mail Server, and Audio Server.
- User Support – provide technical support to staff that need advice, assistance, and training in applying hardware and software systems.
- Procurement – provide technical advice for all computer related purchases.
- Webmaster – Develop and maintain Town's web site including frequent postings of calendars, agenda packets, minutes, and audio for all council and committee meetings. Maintains forum and posts news and public announcements.
- Assist the Town Manager on special projects and as otherwise required.
- May attend meetings and help prepare agenda packets for Town meetings as required.
- GIS updates on the system.
- Performs related task as required.

### **KNOWLEDGE SKILLS AND ABILITIES:**

Thorough knowledge of network standards, protocols, and procedures; the ability to develop, configure, install, and maintain networked systems including Local Area Networks (LANs) and Wide Area Networks (WANs); ability to install, configure, and maintain operating systems components and install updates and temporary fixes to existing programs. Extensive knowledge of Microsoft Windows XP & Windows 2000 Operating Systems, Microsoft Windows Server 2003/2000, and Microsoft Windows Server 2003 Web

Edition. Proficient in the use of all Microsoft Office products, including Microsoft FrontPage web-design software, HTML and DHTML code. Knowledge of Microsoft DNS, DHCP, Routing & Remote Access, Active Directory, IIS, & FTP services. The ability to create easily navigable Web pages, and the ability to evaluate code and repair errors. The ability to establish and maintain effective backup and recovery procedures. Skilled in the use of audio visual equipment. Extensive knowledge of the following protocols: Transport Control Protocol, Internet Protocol, User Datagram Protocol, Hyper Text Transfer Protocol, File Transfer Protocol, Domain Name System, Simple Mail Transfer Protocol, Post Office Protocol, Lightweight Directory Access Protocol, Virtual Private Network, Point-to-Point Tunneling Protocol, Layer 2 Tunneling Protocol, Point-to-Point Protocol over Ethernet, Real Time Streaming Protocol, Microsoft Media Server Protocol.

**EDUCATION AND EXPERIENCE:**

Must have high school diploma, CompTia A+, and CompTia Network+ Certifications. Microsoft certified a plus. At least two years of experience in related field.



## MEMORANDUM

To: Budget and Personnel Committee

From: Mike Cosby, Public Works Director

Date: November 8, 2006

Subject: Proposal for new part-time Waterworks position

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Attached is the job description for a proposed part-time position in our Water department. This position would be beneficial as it would:

- 1 – Provide a technical resource that would enable us to generally improve practices and policies. Recently we have been working on large, time consuming projects that have left little time to focus on operational improvements.
- 2 – Allow us to address important training needs on an in-house basis. Currently we only have one staff member who holds a waterworks license.
- 3 – Help reduce our reliance on outside contractors for the development and monitoring of projects.
- 4 – Alleviate some of the administrative burden from the Public Works Director.

The proposed salary for this position is \$12,480 per year. The Water department has been without a budgeted Waterworks Technician since the beginning of this fiscal year (24 weeks), so \$12,825 including benefits in the budget has not been spent. The projected total wages for the remainder of this fiscal year if the new position is filled on 12/11/06 (28 weeks) are \$6,720. There are larger questions with the Water budget that should also be discussed (large unplanned projects and uncertain collection of availability fees) but having a qualified person in this position is well worth the \$12,480 annual cost.

## **WATERWORKS DEVELOPMENT SPECIALIST**

### **GENERAL DEFINITION OF WORK:**

Performs complex professional and administrative work maintaining the quality of operations of the Town Waterworks: does related work as required. Part-time work which is performed under the general supervision of the Director of Public Works.

This is sedentary work requiring the exertion of up to 10 pounds of force occasionally and a negligible amount of force frequently or constantly to move objects; work requires climbing, crouching, reaching, standing, walking, fingering, grasping, and repetitive motions: vocal communication is required for expressing or exchanging ideas by means of the spoken word; hearing is required to perceive information at normal spoken word levels; visual acuity is required for preparing and analyzing written or computer data, visual inspection involving small defects and/or small parts, assembly or fabrication of parts at or within arms length, operation of machines, operation of motor vehicles or equipment, determining the accuracy and thoroughness of work, and observing general surroundings and activities: the worker is subject to inside and outside environmental conditions, extreme cold, noise, hazards and atmospheric conditions.

### **ESSENTIAL FUNCTIONS/TYPICAL TASKS:**

**Planning, monitoring and development of waterworks operations and projects; providing technical training and guidance to Town staff; maintaining records and files; preparing reports.**

Monitors and helps maintain quality and efficiency of waterworks operations;

Develops and executes training and development activities for Town staff;

Assists in the design of projects, including bid specifications and bid packages;

Participates in the selection of private contractors for services;

Makes field inspections of projects to ensure quality control;

Prepares a variety of correspondence concerning waterworks operations;

Assists and advises Town staff in the preparation of required reports and permits;

Participates in the review and establishment of operating policies and procedures;

Assists in the development of department budget and capital improvement planning;

Performs related tasks as required.

### **KNOWLEDGE, SKILLS AND ABILITIES:**

Comprehensive knowledge of the methods and techniques used in the operation, maintenance, rehabilitation and construction of waterworks facilities; thorough understanding of technical and environmental issues involved in the planning, design and operation of a public water supply system; ability to design and implement departmental training program; ability to review and analyze plans and specifications for the construction of waterworks facilities; ability to develop comprehensive operational policies and procedures; ability to prepare technical reports.

### **EDUCATION AND EXPERIENCE:**

Any combination of education and experience equivalent to graduation from an accredited college or university with major course work in civil engineering or related field and extensive experience in a responsible position in the waterworks field.

### **SPECIAL REQUIREMENTS:**

Possession of an appropriate driver's license valid in the Commonwealth of Virginia. Possession of a Class II Waterworks Operator license issued by the Commonwealth of Virginia.